

CAMPAIGN TREASURER'S REPORT SUMMARY

(1)

Rolando Mendez

Name

(2)

1036130 5TH STREET

Address (number and street)

Superior FL 33174

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number:

Group #7

(4)

Check appropriate box(es):

☒ Candidate Office Sought:

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03/01/23 To 03/31/23 Report Type: 103-23

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 430.59

Loans \$ 0

Total Monetary \$ 430.59

In-Kind \$ 0

(7) Expenditures This Report

Monetary Expenditures \$ 374.03

Transfers to Office Account \$ 0

Total Monetary \$ 374.03

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 2,343.01

(10) TOTAL Monetary Expenditures To Date

\$ 1,805.01

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Rolando Mendez

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

(Type name)

Rolando Mendez

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED
04/10/23

(1) Name Rolando Nandez

(2) I.D. Number Group # 14 APR 5:11P

(3) Cover Period 03/01/23 through 03/31/23 (4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---------------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | | |
| 03/01/23 ① | COFUNDME TX 31550932600XT | ① CO- WORKERS CONTRIBUTOR | check | | | 309.82 |
| 03/02/23 ② | COFUNDME TX 31550932600XT | ① CO- WORKERS CONTRIBUTOR | check | | | 96.80 |
| 03/07/23 ③ | COFUNDME TX 31550932600XT | ① CO- WORKERS CONTRIBUTOR | check | | | 23.97 |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |

RECEIVED
04/10/23

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Roberto Mendez

(2) I.D. Number 00000000

APR 5:11P

(3) Cover Period 03/01/23 through 03/31/23

(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|------------------|
| (6) Sequence Number | | | | | |
| 03/23/23 | City of Sweetwater 500 SW 109 AVE. SWEETWATER FL 33174 | Copy Qualifying Fee | NON | | 75 ⁰⁰ |
| ① | | | | | |
| 03/23/23 | City of Sweetwater 500 SW 109 AVE. SWEETWATER FL 33174 | State Assessment 1% Fee | NON | | 299.03 |
| ② | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



Name

Rolando Meneses

I.D. Number

Group #7

Address (number and street)

10361 SW 5th Street

City, State, Zip Code

Sweetwater FL 33174

☐ CHECK IF ADDRESS HAS CHANGED

OFFICE USE ONLY

RECEIVED
04/10/23

APR 5:1 PM

Candidate for:

☐ Mayor

☒ Commissioner, District

Group #7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 103-2023

Cover Period 03/01/23 through 03/31/23

Report Type ☒ Original ☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Rolando Meneses

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Rolando Meneses

(Type name)

☒ Candidate

X

Signature

RECEIVED
PARTICIPATING
ACTIVITIES
04/10/23
MIAMI-DADE
COUNTY

aus

APR 5 1964

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

MD-ED 26 (Rev. 10/17)

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate



cur

MR 4:31 PM

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Rolando Menendez,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Sweetwater Commissioner, —,
(Office) (District #)
—, Group # 7; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 118357241

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (305) 951 0946 mdrolando@yahoo.com
Signature of Candidate Telephone Number Email Address

10361 SW 5th Street Sweetwater FL 33174
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

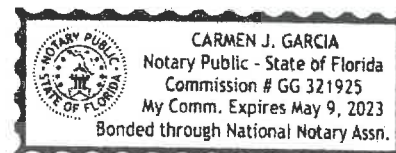
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 23rd day of March, 2023.

Personally Known ☒ OR Produced Identification ☒

Type of Identification Produced: FDL



LOYALTY OATH
FOR CANDIDATES FOR PUBLIC OFFICE
Sec. 876.05-876.10, 99.021, Florida Statutes

ENTERED
3/23/23

MR 4:31F

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I, Rolando Meneses, a citizen of the State of Florida and of the United States of America... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

CANDIDATE OATH

I, Rolando Meneses.

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Commissioner, Group 7; that I am a qualified elector of Miami-Dade County, Florida; that I am qualified under the Constitution and the laws of Florida and the Charter of the City of Sweetwater to hold the office to which I desire to be nominated or elected; that I have taken the oath required by ss.876.05-876.10, Florida Statutes; that I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office I seek; and that I have resigned from any office from which I am required to resign pursuant to s.99.012, Florida Statutes.

10361 SW 5th Street

Mailing Address

(305) 957 0946

Day Phone

()

Fax Number

Sweetwater

City

FL

State

33174

Zip Code

03/23/2023

Date Signed

Candidate's Voter Registration Number (located on the Voter Registration card) 118357241

*Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (See instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

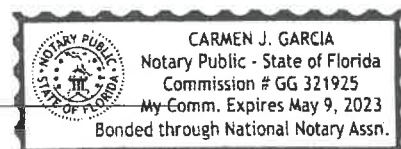
Sworn to (or affirmed) and subscribed before me this 23rd day of March, 2023.

Personally known ☒ or

Produced Identification ☒

Type of Identification Produced: FDL

Signature of Notary Public





MR 2 4:31P

**AFFIDAVIT OF CANDIDATE
CITY OF SWEETWATER, FLORIDA
STATE OF FLORIDA
COUNTY OF MIAMI-DADE
CITY OF SWEETWATER**

Rolando Mendez .

(herein after "Affiant"), being first duly sworn deposes and says:

1. My name is Rolando Mendez.

2. I am offering myself as a candidate for the office of Sweetwater Commissioner of the City of Sweetwater, Florida in ☒ group 7 or ☐ the office of mayor.

3. I am a duly registered voter and elector and a qualified resident of the City of Sweetwater.

4. I have continuously resided in the City of Sweetwater for since 2004 [CLERK TO INSERT APPLICABLE DATE] (hereinafter the "Residency Date").

5. I currently reside at 10361 SW 5TH STREET, which is my legal address and have resided continually at said address from NOV - 2022 through the date hereof.

6. Prior to my current residence, I have resided at the following addresses:

120 SW 113TH CT
FROM : 2002

7. Since the Residency Date my spouse has resided at the following addresses:

10361 SW 5TH STREET / 120 SW 113TH CT
Sweetwater, FL. 33174 / Sweetwater, FL. 33174

Hra/eah
Floris

8. I am a Citizen of the United States of America.

9. I do not currently hold any elected or appointed office that would require my resignation under § 99.012, Florida Statutes or I have resigned my position as provided in said statute.

Affiant:

Rolando Mendez.

STATE OF FLORIDA
COUNTY OF MIAMI-DADE



MR 4:31 PM

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, by
Rolando Mendez who is

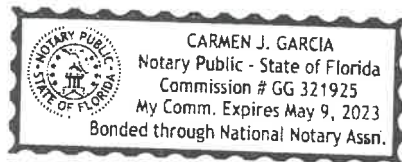
☒ is personally known or

☒ Presented to me a valid identification: FDL

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of March 2023


NOTARY PUBLIC,
State of Florida

My commission expires: May 9, 2023



FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2022

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Mendez Roberto

MAILING ADDRESS:

10361 SW 5TH ST

SWEETWATER 33174 MIAMI-DADE.

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

City of Sweetwater

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner Group # 7

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|---------------------|--|
| Jackson Health System | 1611 NW 12 Ave | CT Scan Supervisor |
| | | |
| | | |
| | | |

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|----------------------------|--|----------------------|--|
| N/A | N/A | N/A | N/A |
| | | | |
| | | | |

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

10361 SW 5TH STREET SWEETWATER FL 33174

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

N/A

ENTERED
3/23/23

MR 4:31P

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

EMM LOANS LLC

1950 Route 70 EAST Suite 300
Cherry Hill, NJ 08003

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

N/A

N/A

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

[Handwritten Signature]

Date Signed:

03/23/2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

DECLARATION AND FIRST AMENDMENT WAIVER
FOR CANDIDATES WHO AGREE TO COMPLY WITH
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

ENTERED
3/23/23

MR 2 4:31 PM

VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, Roberto Mendez, a candidate for the office of
please print your name
Commissioner Group # 7 in City of Sweetwater/Miami-Dade.
elective office sought county, municipality or other jurisdiction

agree to abide by the **voluntary** Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the **voluntary** Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the **voluntary** Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is **voluntary**, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the **voluntary** nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the **voluntary** Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x

Signature

Date

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

ENTERED
03/23/23
MR 4:32F

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Rolando Mendez, a candidate for the office of
please print your name
Commissioner Group # 7 in City of Sweetwater / Miami-Dade
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x [Signature]
Signature

03/23/2023
Date

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquillity,
provide for the common defence,
promote the general Welfare, and secure
the Blessing of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.

[Signature]

3

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE



UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No / No du Passeport / No. de Pasaporte

P USA

Surname / Nom / Apellido

MELENDEZ

Given Names / Prénoms / Nombres

ROLANDO

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

26 Dec 1969

Place of birth / Lieu de naissance / Lugar de nacimiento

CUBA

Date of issue / Date de délivrance / Fecha de expedición

28 Jun 2017

Date of expiration / Date d'expiration / Fecha de caducidad

27 Jun 2027

Endorsements / Mentions Spéciales / Acreditaciones

SEE PAGE 27

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

USA

FCUSAMENDEZROLANDO

5744760979USA691226M2706270285952315612700

ENTER
3/23/23

ENTER
3/23/23

MR 2 4:32 PM

Florida DRIVER LICENSE

M532-720-69-466-0 CLASS E

MELENZ ROLANDO
 10361 SW 5TH ST
 MIAMI, FL 33174
 DOB: 12/26/1969 SEX: M
 EXP: 12/26/2028 HEIGHT: 5'-00"
 EYES: BROWN HAIR: BLACK
 12 REST: NONE 14 END: NONE

SAFE DRIVER
 AD 155 10/13/2020
 SDC X55221181901
 REPLACED 11/08/2022

Operation of a motor vehicle constitutes consent to any security test required by law.

CONCEALED WEAPON OR FIREARM LICENSE
 STATE OF FLORIDA

LICENSE NUMBER
 [REDACTED]

MELENZ ROLANDO
 BIRTH DATE: 12/26/69 SEX: M RACE: W
 ISSUED: 05/23/16 EXPIRES: 02/06/24

The above named individual is licensed by the Department of Agriculture & Consumer Services, Division of Licensing in accordance with Section 790.04, Florida Statutes.

ADAM H. PUTNAM
 COMMISSIONER

Voter Information Card
 Miami-Dade County, FL
 Tarjeta de Información del Elector
 Condado de Miami-Dade, FL

Rolando Mendez
 10361 SW 5th St
 Sweetwater FL 33174

Kat Enfomasyon Votè
 Konte Miami-Dade, FL

ISSUED 11/28/22

Registration No.
 Núm. de Inscripción
 Nim. Enskripsyon
118357241

Bring photo identification when voting.
 Para votar, presente una identificación con fotografía.
 Tanpri pote yon pyès idantifikasyon ki gen foto w sou li lè w ap vin vote.

Voting Location | Centro de Votación | Lokal Biwo Vòt
Sweetwater Elementary School
 10655 SW 4 St

Precinct No.
 Núm. del Recinto
 Nim. Biwo Vòt
464

Date of Birth
 Fecha de Nacimiento
 Dat Nesans
12/26/1969

Registration Date
 Fecha de Inscripción
 Dat Enskripsyon
8/24/2010

Party Affiliation | Afiliación Partidista | Pati Politik
NO PARTY AFFILIATION

Christina White
 Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
 W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

| | | |
|--|--|---|
| Congress Congreso Kongrè 28 | State Senate Senado Estatal Sena Eta 36 | State House Cámara Estatal Lacham Eta 116 |
| County Commission Comisión del Condado Komisyon Konte 12 | School Board Junta Escolar Asanble Edikasyon 5 | Community Council Consejo Comunitario Konsèy Kominotè N/A |

Municipality | Municipio | Minisipalite
SWEETWATER

INTERED 3/23/23

MR 4:32P

PAYMENT DATE
03/23/2023
COLLECTION STATION
License Department
RECEIVED FROM
ROLANDO MENDEZ
CAMPAIGN ACCT

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174

BATCH NO.
2023-00001381
RECEIPT NO.
2023-00009101
CASHIER
Anna Martinez



DESCRIPTION
MISCELLANEOUS INCOME/ CITY QUALIFYING FEE/ CHECK 104

| PAYMENT CODE | RECEIPT DESCRIPTION | TRANSACTION AMOUNT | | | | | | | | | | | | | | |
|----------------|---|--------------------|--------|-------------|---------|--------------|--------|-------------|--------|----------------|---------|--------|--------|----------------|---------|--|
| Misc Income | Miscellaneous Income MISCELLANEOUS INCOME/ CITY QUALIFYING FEE/ CHECK 104 | \$75.00 | | | | | | | | | | | | | | |
| | <table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$75.00</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$75.00</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$75.00</td></tr></table> | Total Cash | \$0.00 | Total Check | \$75.00 | Total Charge | \$0.00 | Total Other | \$0.00 | Total Remitted | \$75.00 | Change | \$0.00 | Total Received | \$75.00 | |
| Total Cash | \$0.00 | | | | | | | | | | | | | | | |
| Total Check | \$75.00 | | | | | | | | | | | | | | | |
| Total Charge | \$0.00 | | | | | | | | | | | | | | | |
| Total Other | \$0.00 | | | | | | | | | | | | | | | |
| Total Remitted | \$75.00 | | | | | | | | | | | | | | | |
| Change | \$0.00 | | | | | | | | | | | | | | | |
| Total Received | \$75.00 | | | | | | | | | | | | | | | |
| Total Amount: | | \$75.00 | | | | | | | | | | | | | | |

ROLANDO MENDEZ
CAMPAIGN ACCOUNT

03/23/2023
Date

Pay to the
Order of

City of Sweetwater

\$ 75⁰⁰/₁₀₀

Seventy five dollars and 00/100

Dollars



Photo
Safe
Deposit
Details on back



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For

City Fee

[Signature]

⑆063107513⑆ 5900980078⑈ 0010K

PAYMENT DATE
03/23/2023

COLLECTION STATION
License Department

RECEIVED FROM
ROLANDO MENDEZ
CAMPAIGN ACCT

DESCRIPTION
MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 105

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174



BATCH NO.
2023-00001381
RECEIPT NO.
2023-00009100
CASHIER
Anna Martinez

| PAYMENT CODE | RECEIPT DESCRIPTION | TRANSACTION AMOUNT | | | | | | | | | | | | | | |
|----------------|--|--------------------|--------|-------------|----------|--------------|--------|-------------|--------|----------------|----------|--------|--------|----------------|----------|--|
| Campaing Bond | Miscelianeous Refundable Bond MISCELLANEOUS REFUNDABLEB BOND/ STATE ASSESSMENT FEE % CHECK 105 | \$299.03 | | | | | | | | | | | | | | |
| | <table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$299.03</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$299.03</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$299.03</td></tr></table> | Total Cash | \$0.00 | Total Check | \$299.03 | Total Charge | \$0.00 | Total Other | \$0.00 | Total Remitted | \$299.03 | Change | \$0.00 | Total Received | \$299.03 | |
| Total Cash | \$0.00 | | | | | | | | | | | | | | | |
| Total Check | \$299.03 | | | | | | | | | | | | | | | |
| Total Charge | \$0.00 | | | | | | | | | | | | | | | |
| Total Other | \$0.00 | | | | | | | | | | | | | | | |
| Total Remitted | \$299.03 | | | | | | | | | | | | | | | |
| Change | \$0.00 | | | | | | | | | | | | | | | |
| Total Received | \$299.03 | | | | | | | | | | | | | | | |
| Total Amount: | | \$299.03 | | | | | | | | | | | | | | |

ROLANDO MENDEZ
CAMPAIGN ACCOUNT

105

63-751/631 10965

03/23/2023
Date

Pay to the
Order of

City of Sweetwater
Two hundred ninety nine dollars and 03/100

\$ 299.03



Photo
Safe
Deposit
Details on back



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For

Share fee

[Signature]

⑆063107513⑆ 5900980078 00109

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Mendez
Name

(2) 10361 SW 5th ST
Address (number and street)

Sweetwater, FL, 33174
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group # 7

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Sweetwater Commissioner Group # 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01/01/23 To 01/31/23 Report Type: 101-23

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 0

Loans \$, , 350 . 00

Total Monetary \$, , . 0

In-Kind \$, , . 0

(7) Expenditures This Report

Monetary Expenditures \$, , 290 . 05

Transfers to Office Account \$, , . 0

Total Monetary \$, , 290 . 05

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 400 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 308 . 05

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

REFERENCES

FEB 02 2023

(1) Name Rolando Mendez

(2) I.D. Number Group # 7

(3) Cover Period 01 / 01 / 23 through 01 / 31 / 23

(4) Page 1 of 1

350⁰⁰/₇

RECEIVED FEB 02 2023

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Rolando Mendez

(2) I.D. Number Group # 7 FEB 4:32P

(3) Cover Period 01/01/23 through 01/31/23

(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|-------------|--|--|----------------------------|-------------------|----------------|
| 01/01/23 | My Online Printing 9203 SW 136 TER MIAMI - FL - 33176 | Campaign | NON | | 230.05 |
| 1 | | | | | |
| 01/26/23 | MIAMI-Dade Election Dpt. 2700 NW 87 AVE MIAMI - FL - 33172 | Campaign | NON | | 60.00 |
| 2 | | | | | |
| 1 / 1 | | | | | |
| | | | | | |
| 1 / 1 | | | | | |
| | | | | | |
| 1 / 1 | | | | | |
| | | | | | |
| 1 / 1 | | | | | |
| | | | | | |
| 1 / 1 | | | | | |
| | | | | | |
| 1 / 1 | | | | | |
| | | | | | |

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Mendez
Name

(2) 10301 SW 5TH ST
Address (number and street)

Sweetwater, FL 33174
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group # 7

OFFICE USE ONLY

RECEIVED JAN 10 2023

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Sweetwater Commissioner Group # 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11/09/22 To 11/30/22 Report Type: M11-22

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , . 0

Loans \$, , 50 . 00

Total Monetary \$, , . 0

In-Kind \$, , . 0

(7) Expenditures This Report

Monetary Expenditures \$, , . 0

Transfers to Office Account \$, , . 0

Total Monetary \$, , . 0

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 50 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , . 0

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rolando Mendez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Rolando Mendez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED JAN 10 2023

(1) Name Rolando Mendez.

(2) I.D. Number GROUP # 7

(3) Cover Period 11 / 09 / 22 through 11 / 30 / 22

(4) Page 1 of 1 JAN 4:57 PM

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|--------------------|--------------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | | | | |
| 11, 30, 22 | Rolando Mendez 10361 SW 5TH ST SWEEDEWATER, FL. 33174 | I | RADIOLOGY Tech. | CASH | | | 50.00 |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

RECEIVED JAN 10 2023

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Rolando Mendez

(2) I.D. Number Group # 7

(3) Cover Period 11/09/22 through 11/30/22

(4) Page 1 of 1

JAN 4:57

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |
| // | | | | | |
| | | | | | |

RECEIVED JAN 10 2023

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY

MIAMI-DADE
COUNTY

OFFICE USE ONLY

Name

Rolando Mendez

I.D. Number

Group # 7

Address (number and street)

10361 SW 5TH ST

City, State, Zip Code

Sweetwater, FL, 33174

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District Group # 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub Area _____

REPORT IDENTIFIERS

Report Name

M11-22

Cover Period

11/09/22 through 11/30/22

Report Type

☒

Original

☐

Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Rolando Mendez

☒

Treasurer

☐

Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Rolando Mendez

☒

Candidate

X

Signature

~~This report must be filed by applicable candidates running for Miami-Dade County Charter positions: Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council~~

(1) Name Rolando Mendez (2) I.D. Number Group #17
(3) Report Name M11-22 (4) Cover Period 11/09/22 through 11/30/22
(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Mendez
Name

(2) 10361 SW 5TH STREET
Address (number and street)

Sweetwater, FL, 33174
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group #17

(4) Check appropriate box(es):

☒ Candidate Office Sought:

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

City of Sweetwater Commissioner Group #17

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12/01/22 To 12/31/22 Report Type: M12-22

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0

Loans \$ 0 , 0 , 0

Total Monetary \$ 0 , 0 , 0

In-Kind \$ 0 , 0 , 0

(7) Expenditures This Report

Monetary Expenditures \$ 18 , 00 , 00

Transfers to Office Account \$ 0 , 00 , 00

Total Monetary \$ 18 , 00 , 00

(8) Other Distributions

\$ 0 , 00 , 00

(9) TOTAL Monetary Contributions To Date

\$ 50 , 00 , 00

(10) TOTAL Monetary Expenditures To Date

\$ 18 , 00 , 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rolando Mendez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Rolando Mendez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

EXHIBITIONS RECEIVED

JAN 10 2023

Roberto Menéndez.

(2) I.D. Number

Group # 7

(3) Cover Period

12, 01, 22 through 12, 31, 22

(4) Page

of

[illegible]

RECEIVED JAN 11 2023

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Roberto Mendez

(2) I.D. Number Group #17

(3) Cover Period 12/01/22 through 12/31/22

(4) Page 1 of 1

JAN 4:58P

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|----------------|--|--|----------------------------|-------------------|------------------------------------|
| 12/04/22 | Harland Clarke check | check. order. | NON | | 18. ⁰⁰ / ₁₀₀ |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |
| 1/1 | | | | | |

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Roberto Mendez

I.D. Number

Group # 7

Address (number and street)

10361 SW 5TH ST

City, State, Zip Code

Sweetwater, FL, 33174

☐ CHECK IF ADDRESS HAS CHANGED

Candidate for:

☐ Mayor

☒ Commissioner, District Group # 7
☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub Area _____

REPORT IDENTIFIERS

Report Name

M12-22

Cover Period

12/01/22 through 12/31/22

Report Type

☒ Original

☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Roberto Mendez

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Roberto Mendez

(Type name)

☒ Candidate

X

Signature

RECEIVED JAN 4 8 2023

**MIAMI-DADE
COUNTY**

JAN 4:58 PM

RECEIVED JAN 10 2023

(1) Name MARTINO MENDEZ. (2) I.D. Number 096711

(5) Report Type ☒ Original ☐ Amendment (6) Page of

[illegible]

PAYMENT DATE
02/02/2023

COLLECTION STATION
License Department

RECEIVED FROM
ROLANDO MENDEZ
CAMPAIGN ACCT

DESCRIPTION
ROLANDO MENDEZ SIGN BOND

City of Sweetwater
500 S.W. 109th Avenue
Sweetwater, FL 33174



BATCH NO.
2023-00000349

RECEIPT NO.
2023-00003439

CASHIER
Anna Martinez

| PAYMENT CODE | RECEIPT DESCRIPTION | TRANSACTION AMOUNT | | | | | | | | | | | | | | |
|----------------|--|--------------------|--------|-------------|----------|--------------|--------|-------------|--------|----------------|----------|--------|--------|----------------|----------|--|
| Campaing Bond | Miscellaneous Refundable Bond ROLANDO MENDEZ SIGN BOND | \$200.00 | | | | | | | | | | | | | | |
| | <table><tr><td>Total Cash</td><td>\$0.00</td></tr><tr><td>Total Check</td><td>\$200.00</td></tr><tr><td>Total Charge</td><td>\$0.00</td></tr><tr><td>Total Other</td><td>\$0.00</td></tr><tr><td>Total Remitted</td><td>\$200.00</td></tr><tr><td>Change</td><td>\$0.00</td></tr><tr><td>Total Received</td><td>\$200.00</td></tr></table> | Total Cash | \$0.00 | Total Check | \$200.00 | Total Charge | \$0.00 | Total Other | \$0.00 | Total Remitted | \$200.00 | Change | \$0.00 | Total Received | \$200.00 | |
| Total Cash | \$0.00 | | | | | | | | | | | | | | | |
| Total Check | \$200.00 | | | | | | | | | | | | | | | |
| Total Charge | \$0.00 | | | | | | | | | | | | | | | |
| Total Other | \$0.00 | | | | | | | | | | | | | | | |
| Total Remitted | \$200.00 | | | | | | | | | | | | | | | |
| Change | \$0.00 | | | | | | | | | | | | | | | |
| Total Received | \$200.00 | | | | | | | | | | | | | | | |
| Total Amount: | | \$200.00 | | | | | | | | | | | | | | |

ROLANDO MENDEZ
CAMPAIGN ACCOUNT

102

63-751/631 1096

02/02/2023

Date

Pay to the
Order of

CITY OF SUPERVALTES
Two hundred and 00/100

\$ 200.00

Dollars



Photo
Safe
Deposit
Details on 6



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For

Super Bowl Campaign

[Signature]

⑆063107513⑆ 5900980078⑈ 00102

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

ENTERED
11/9/2022

NOV 3:29PM

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Rolando Mendez

3. Address (include post office box or street, city, state, zip
code)

10361 SW 5TH STREET
SWEETWATER, FL 33174

4. Telephone

(305) 957 0946

5. E-mail address

mndrolando@yahoo.com

6. Office sought (include district, circuit, group number)

Group # 17

7. If a candidate for a nonpartisan office, check if
applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Rolando Mendez

11. Mailing Address

10361 SW 5TH STREET

12. Telephone

(305) 957 0946

13. City

Sweetwater

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33174

17. E-mail address

mndrolando@yahoo.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

10700 West Flagler St

21. City

MIAMI

22. County

DADE

23. State

FL

24. Zip Code

33174

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/09/2022

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Rolando Mendez, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer

11/09/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



NO 03:29PM

I, ROLANDO MENDEZ,
candidate for the office of CITY OF SWEETWATER COMMISSIONER GROUP #17
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

[Signature]
Signature of Candidate

11/09/2022
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

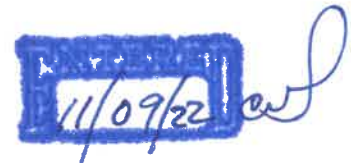
Rolando Mendez
10361 SW 5TH ST.
Buckner, FL, 33174

11/09/2022

Dear City Clerk.

I'm Rolando Mendez. Would like to
withdraw my Form DS-DE 9 from 11/07/2022






NOV 3:23P

Rolando Mendez

10361 SW 5th ST

Sweetwater.FL.33174

11/07/2022

Carmen J. Garcia, MMC

City Clerk

City of Sweetwater

500 SW 109 AVE.

Sweetwater.FL.33174

Dear City Clerk

It is with regret that I tender my resignation from the Neighborhood Improvement Advisory Board, effective immediately.

I am grateful for having had the opportunity to serve on the board of this organization for the last almost five months, and I offer my best wishes for its continued success.

Sincerely,

ROLANDO MENDEZ

A handwritten signature in black ink, appearing to be 'Rolando Mendez', written over a horizontal line.

Resignation Letter.docx - Microsoft Word Online

Rolando Mendez <mndrolando@yahoo.com>

Tue 11/8/2022 7:37 PM

To: Carmen Garcia <cgarcia@cityofsweetwater.fl.gov>

[https://onedrive.live.com/view.aspx?
resid=59CD417EEC7BD4D0!2131&ithint=file%2cdocx&authkey=!AsVoNp00j6uCDmI](https://onedrive.live.com/view.aspx?resid=59CD417EEC7BD4D0!2131&ithint=file%2cdocx&authkey=!AsVoNp00j6uCDmI)

Sent from my iPhone

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying
officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Rolando Mendez

3. Address (include post office box or street, city, state, zip
code)

10361 SW 5th ST
Sweetwater, FL, 33174

4. Telephone

(305) 951 0946

5. E-mail address

mndrolando@yahoo.com

6. Office sought (include district, circuit, group number)

Group # 7

7. If a candidate for a nonpartisan office, check if
applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Rolando Mendez

11. Mailing Address

10361 SW 5th ST

12. Telephone

(305) 951 0946

13. City

Sweetwater

14. County

Miami-Dade

15. State

FL

16. Zip Code

33174

17. E-mail address

mndrolando@yahoo.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Wells Fargo

20. Address

10700 West Flagler ST

21. City

Miami

22. County

DADE

23. State

FL

24. Zip Code

33174

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/07/22

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Rolando Mendez, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11/07/2022

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



NOV 3:57P

ail

I, *Rolando Mendez*,
Commissioner
candidate for the office of *Sweetwater Group # 7*;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

[Signature]
Signature of Candidate

11/07/2022
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Mendez

Name

(2) 10361 SW 5TH ST

Address (number and street)

Sweetwater, FL, 33174

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Group # 7

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Sweetwater Commissioner Group # 7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

ENTERED
3/9/23

HR 01148a

(5) Report Identifiers

Cover Period: From 02/01/23 To 02/28/23 Report Type: MO-23

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 212.42

Loans \$, 1 , 300.00

Total Monetary \$, 1 , 512.42

In-Kind \$, , 0

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 122.93

Transfers to Office Account \$, , 0

Total Monetary \$, 1 , 122.93

(8) Other Distributions

\$, 0 , 0.00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 912.42

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 430.98

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Rolando Mendez

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

(Type name)

Rolando Mendez

☒ Candidate

☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

ENTERED 3/9/23

(1) Name Rolando Mendez

(2) I.D. Number Group # 7

(3) Cover Period 02/01/23 through 02/28/23

(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---------------------------------------|-----------------------------|--------------------------------|-------------------|-----------------------------------|
| (6) Sequence Number | | | | | | |
| 02/01/23 ① | Rolando Mendez 10361 SW 5th St Sweetwater, FL 33174 | I Radiology Tech | LOAN | | | 500 ⁰⁰ / ₇₁ |
| 02/08/23 ② | Rolando Mendez 10361 SW 5th St Sweetwater, FL 33174 | I Radiology Tech | LOAN | | | 300 ⁰⁰ / ₇₁ |
| 02/08/23 ③ | Rolando Mendez 10361 SW 5th St Sweetwater, FL 33174 | I Radiology Tech | LOAN | | | 200 ⁰⁰ / ₇₁ |
| 02/14/23 ④ | Rolando Mendez 10361 SW 5th St Sweetwater, FL 33174 | I Radiology Tech | LOAN | | | 300 ⁰⁰ / ₇₁ |
| 02/28/23 ⑤ | COFUND MC Payor TX31477749200TX TX31477749 200XT 47A8TF5 | O CD- WORKERS CONTRIBUTION | CHECK CHECK (AM) | | | 212.42 |
| 1 1 | | | | | | |
| 1 1 | | | | | | |

79 ENTERED 3/9/23

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Melanie Montero (2) I.D. Number Group # 7
 (3) Cover Period 02/01/23 through 02/28/23 (4) Page 1 of 1 WRD 11:48

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|-------------------------------------|
| (6) Sequence Number | | | | | |
| 02/06/23 | My Online Printing 9203 SW 136 Ter. MIAMI - FL - 33176 | Campaign Signs | Non | | 128. ⁴⁰ / ₁₀₀ |
| 1 | | | | | |
| 02/07/23 | My Online Printing 9203 SW 136 Ter. MIAMI - FL - 33176 | Campaign Signs | Non | | 256.80 |
| 2 | | | | | |
| 02/07/23 | MATIAS MARCIA 11396 SW 2 ST. SWEETWATER - FL - 33176 | Labor | Non | | 200 ⁰⁰ / ₁₀₀ |
| ③ | | | | | |
| 02/09/23 | My Online Printing 9203 SW 136 Ter. MIAMI - FL - 33176 | Campaign Signs | Non | | 470.80 |
| 4 | | | | | |
| 02/21/23 | My Online Printing 9203 SW 136 Ter. MIAMI - FL - 33176 | Campaign Signs | Non | | 56.93 |
| 5 | | | | | |
| 02/24/23 | Wells Fargo 10700 WEST FLAGLER ST MIAMI - FL - 33174 | Bank Fee | Non | | 10.00 |
| 6 | | | | | |
| 11 | | | | | |
| | | | | | |
| 11 | | | | | |
| | | | | | |

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

MR 011484

Name

Rolando Mendez

I.D. Number

Group # 7

Address (number and street)

10361 SW 5th ST Sweetwater - FL - 33174

City, State, Zip Code

Sweetwater, FL, 33174

☐ CHECK IF ADDRESS HAS CHANGED

ENTERED
3/9/23

Candidate for:

☐ Mayor

☒ Commissioner, District

Group # 7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

MOZ-2023

Cover Period

02/01/23

through

02/28/23

Report Type

☒ Original

☐ Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Rolando Mendez

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Rolando Mendez

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

RESEARCH

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Mendez
Name

(2) 10361 SW 5TH STREET
Address (number and street)

SWEETWATER, FL, 33174
City, State, Zip Code

☐ Check here if address has changed

(4) Check appropriate box(es):

☒ Candidate Office Sought: CITY OF SWEETWATER COMMISSIONER GROUP #7

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

(3) ID Number: GROUP #7

OFFICE USE ONLY

ENTERED
5/3/23

NYM 0:21F

(5) Report Identifiers

Cover Period: From 04/22/23 To 05/04/23 Report Type: 63-2023

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0.16

Loans \$ 0.00

Total Monetary \$ 0.16

In-Kind \$ 930.43

(7) Expenditures This Report

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,343.17

(10) TOTAL Monetary Expenditures To Date

\$ 2,216.21

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rolando Mendez

☐ Individual (only for IE or electioneering comm) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Rolando Mendez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

ENTERED
5/03/23

(1) Name Rolando Mendez

(2) I.D. Number Group # 9

(3) Cover Period 04/22/23 through 05/04/23 (4) Page 1 of 1

MYM 6:21P

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-----------------|--|---------------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 04/27/23 (1) | Rolando Mendez 10361 SW 5th St Buckner, FL 33178 | I RAD Tech | INIK | Mailers | | 930.43 |
| 04/28/23 (2) | VENNO ACC Activ. Verify 230428 Kay Mary | B BANK | MON | | | 0.13 |
| 04/28/23 (3) | VENNO ACC Activ. Verify 10266 875533780 Kay Mary | B BANK | MON | | | 0.03 |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO
ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Rolando Mendez

I.D. Number

Group #7

Address (number and street)

10361 6W 5th Street

City, State, Zip Code

Sweetwater, FL, 33174

☐ CHECK IF ADDRESS HAS CHANGED



MYD 6 22

aw

Candidate for:

☐ Mayor

☒ Commissioner, District

Group #7

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name

G3-2023

Cover Period

04/22/23

through

05/04/23

Report Type



Original



Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Rolando Mendez

(Type name)



Treasurer



Deputy Treasurer

X

Signature

[Signature]

I certify that I have examined this report and it is true, correct, and complete.

Rolando Mendez

(Type name)



Candidate

X

Signature

[Signature]

INTERESTING
STATISTICS 513 123

MIAMI-DADE
COUNTY[illegible]

(2) I.D. Number Group 7

(4) Cover Period 04/22/23 through 05/04/23

(6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rolando Meneses
Name

(2) 10301 SW 5th Street
Address (number and street)

Sweetwater, FL, 33174
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: Camp # 4

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: City of Sweetwater Commissioner Camp # 4
- ☐ Political Committee (PC)
- ☐ Electioneering Communications Org. (ECO)
- ☐ Party Executive Committee (PTY)
- ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)
- ☐ Check here if PC or ECO has disbanded
- ☐ Check here if PTY has disbanded
- ☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 03 / 01 / 23 To 03 / 31 / 23 Report Type: 103-23

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 430.59

Loans \$ 0

Total Monetary \$ 430.59

In-Kind \$ 668.75

(7) Expenditures This Report

Monetary Expenditures \$ 374.03

Transfers to Office Account \$ 0

Total Monetary \$ 374.03

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2,343.01

(10) TOTAL Monetary Expenditures To Date

\$ 1,806.01

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rolando Meneses
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X
Signature

(Type name) Rolando Meneses
☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

ENTERED
5/3/23

(1) Name Rolando Mendez

(2) I.D. Number Camp # 9

(3) Cover Period 03/01/23 through 03/31/23

(4) Page 1 of 1

MYM 5:48P

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type - Occupation | (9) Contribution Type - | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------|--|---|-------------------------------|--------------------------------|-------------------|----------------|
| 03/27/23 4 | Olmedo Painting 7109W 73 CT Miami - FL 33144 | B Painting Company | INIC | Door Hangers | ✓ | 668.75 |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |
| / / | | | | | | |